Acolication or Decket Number																	
PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2003 10743174																	
										MALL ENTITY YPE OF				OTHER THAN SMALL ENTITY			
TOT	AL CLAIMS		92				1	RAT	Ē	FEE			NTE.	FE	Ε		
			NUMBER FILED		NUMBER EXTRA			BASIC	FEE .	385.00	05	BASI	C FEE	770	.00		
FOR TOTAL CHARGEABLE CLAIMS			7'9 _minus 20=		. 22			xs	9=		OR	XS	18=	12	96	N	
INDEPENDENT CLAIMS			A _minus 3 =		,			X43=			OR	X	86=		% 4	か	
	TIPLE DEPENDI		<u></u>					-145=			OR	-2	90=				
• If the difference in column 1 is less than zero, enter "0" in column 2 TOTAL OR TOTAL 2/56														-	D		
		AIMS AS A		- PAR	T II			SM	ALL F	NTITY	OR		THER				
		(Column 1)		(Colu	mn 2)	(Column 3)	1			ADDI-	1	Г			100		
4	11/18/1	CLAIMS REMAINING AFTER		NUM	ABER IOUSLY	PRESENT EXTRA		RA	TE	TIONAL FEE		L	ATE		EE.		
AMENDMENT	Total	AMENDMENT .	Minus	PAIL	FOR 2	. 0		XS	9=	•	OF	×	S18=	X_			
3	Independent	4/	Minus		4	·/)	1	X4	3=		OF	1 3	K864			1	
¥	FIRST PRESEN	ITATION OF M	ULTIPLE DE	PENDE	IT CLAIM]	H			1	Τ.	290=		-	1	
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	(County 1)						1				-	_			ADDI-	4	
8	4/26/01	CLAIMS REMAINING		N	SHEST IMBER VIOUSLY	PRESENT		R	ATE	ADDI- TIONAL	-		RATE	Įτ	PEE		
AMENDMENT B	120/04	AFTER AMENDMENT			ED FOR	= 6	┨	T _x	S 9 =	FEE	٦,	R	X\$18:	7		1	
Ş	Total	-	Minus	***	X	1.0	┪	-	(43=		┪`	R	X86	1		7	
MA	FIRST PRESENTATION OF MULTIPLE DEPEN				NT CLAIR	A D		H		 	1	A	1290			7	
-									145= TOTA	-	-1	,,,	70	TAL	<u>-</u>	」	
ADDRI, FEE																	
<u></u>		(Column 1			otumn 2) IIGHEST	(Column	31			ADD		1		7	ADD		
2		REMAINING	•	P	NUMBER EVIOUSLY PAID FOR	PRESEN EXTRA			RATE	TION	AL		RAT	E	TION		
AMENDMENT C	Total	AMENDMEN	Minus		AIDFOR				XS 9=		\Box	OR	X\$1	8=		_	
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	FIRST PRES	ENTATION OF	MULTIPLE	DEPEN	ENT CLA	IM		¹ ├	+145:			OR	+29	Ю=			
	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3 * If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20" ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3 enter "3"								101	/i.	_	OR	ADDIT	OTAL FEE			
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